



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BEDFORD HOSPITAL

City of Hospital: Bedford

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the
Report: Anita Hamilton

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Medicare Provider Number: 15-1328, 15Z328

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$30757722
Outpatient Patient Service Revenue	\$118605741
Total Gross Patient Service Revenue	\$149363463

2. Deductions From Revenue

Contractual Allowance	\$84955837
Other Deductions	\$4779697
Total Deductions	\$89735534

3. Total Operating Revenue

Net Patient Service Revenue	\$59627929
Other Operating Revenue	\$1771438
Total Operating Revenue	\$61399367

4. Operating Expenses

Salaries and Wages	\$26573149	Employee Benefits	\$6690352
Depreciation and Amortization	\$2065918	Interest Expense	\$256025
Bad Debt	\$2216584	Other Expenses	\$17082906
Total Operating Expenses	\$54884934		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6514433	Total Assets	\$38991803
Net Non-operating Gains over Loss	\$164833	Total Liabilities	\$10992477
Total Net Gains	\$6679266		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$73810608	\$49851759	\$23958849
Medicaid	\$16448342	\$11568574	\$4879768
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$59104516	\$23535505	\$35569011
Total	\$149363466	\$84955838	\$64407628

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$6717	\$-6717

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$9687	\$-9687

Hospital Patients	\$0	\$0	\$0
Community Education	\$2815	\$244461	\$-241646

Number of Medical Professionals Trained	185
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	5355

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1619839	
HCI Payments	\$0		
Subtotal	\$0	\$1619839	\$-1619839
Medicaid Shortfalls	\$4819665	\$7967146	
Subtotal	\$4819665	\$9586985	\$-4767320
DSH Payments	\$0		
Subtotal	\$4819665	\$9586985	\$-4767320
Medicare Shortfalls	\$16918317	\$16144497	
Other Government Programs	\$0	\$0	
Total	\$21737982	\$25731482	\$-3993500

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$336506	\$-336506
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$40178	\$-40178

